

1999 HAZARDOUS WASTE REPORT FORMS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS

USE ONLY THE CODE LISTS IN THIS BOOKLET

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

EPA ID NO:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

**FORM
IC**

IDENTIFICATION AND CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		B. County Same as label <input type="checkbox"/> or → <input type="text"/>	
C. Site/company name Same as label <input type="checkbox"/> or → <input type="text"/>		D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <input type="text"/>			
F. City, town, village Same as label <input type="checkbox"/> or → <input type="text"/>		G. State Same as label <input type="checkbox"/> or → <input type="text"/> <input type="text"/>	H. Zip Code Same as label <input type="checkbox"/> or → <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <input type="text"/>		
C. City, town, village <input type="text"/>	D. State <input type="text"/> <input type="text"/>	E. Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name First name M.I.	B. Title	C. Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Extension <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name First name M.I.	B. Title
C. Signature	D. Date of signature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

Over →

EPA ID NO. | | | | | | | | | | | | | | | |

Sec. V		Generator status. Instructions begin on page 8.	
A. 1999 RCRA generator status (CHECK ONE BOX BELOW) <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> SKIP TO SEC. VI </div> </div>		B. Reason for not generating (CHECK ALL THAT APPLY) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste </div> <div> <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW) </div> </div>	

Sec. VI	On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

Comments:

EPA ID NO:



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

FORM
GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12)					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
D. SIC code (page 13)	E. Origin code (page 13) System Type	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
Sec. II					
A. Quantity generated in 1999 (page 15)	B. UOM (page 15) Density	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)			
		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)		
Sec. III					
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
Comments:					

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO:



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
WR**

**WASTE RECEIVED
FROM OFF SITE**

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Waste 1	A. Description of hazardous waste (page 19)	B. EPA hazardous waste code (page 20)	C. State hazardous waste code (page 20)
		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
D. Off-site handler EPA ID number (page 20)	E. Quantity received in 1999 (page 20)		F. UOM (page 20) Density
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> □ 1 lbs/gal □ 2 sg
G. Form code (page 21)	H. RCRA-radioactive mixed (page 21)	I. System type (page 21)	
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

Waste 2	A. Description of hazardous waste (page 19)	B. EPA hazardous waste code (page 20)	C. State hazardous waste code (page 20)
		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
D. Off-site handler EPA ID number (page 20) □ Check if same as in Waste 1	E. Quantity received in 1999 (page 20)		F. UOM (page 20) Density
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> □ 1 lbs/gal □ 2 sg
G. Form code (page 21)	H. RCRA-radioactive mixed (page 21)	I. System type (page 21)	
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

Waste 3	A. Description of hazardous waste (page 19)	B. EPA hazardous waste code (page 20)	C. State hazardous waste code (page 20)
		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
D. Off-site handler EPA ID number (page 20) □ Check if same as in Waste 2	E. Quantity received in 1999 (page 20)		F. UOM (page 20) Density
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> □ 1 lbs/gal □ 2 sg
G. Form code (page 21)	H. RCRA-radioactive mixed (page 21)	I. System type (page 21)	
<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: _____

EPA ID NO: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _



**FORM
OI**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State _ _ _ Zip _ _ _ _ _ - _ _ _ _ _
Site 2	A. EPA ID No. of off-site installation or transporter _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State _ _ _ Zip _ _ _ _ _ - _ _ _ _ _
Site 3	A. EPA ID No. of off-site installation or transporter _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State _ _ _ Zip _ _ _ _ _ - _ _ _ _ _
Site 4	A. EPA ID No. of off-site installation or transporter _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State _ _ _ Zip _ _ _ _ _ - _ _ _ _ _
Site 5	A. EPA ID No. of off-site installation or transporter _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street _____ City _____ State _ _ _ Zip _ _ _ _ _ - _ _ _ _ _
Comments:		

INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 1999 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; **AND**
- The site received hazardous waste from off site or sent hazardous waste off site during 1999.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 1999. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., “Other” responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1999. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1999, enter “NA” in Box A and note the reason in the Comments section. For wastes shipped to or received from foreign countries, if the facility does not have an EPA Identification Number, enter “FC” followed by the name of the country for the facility.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler type

Check all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter “NA” in Box D.

1999 HAZARDOUS WASTE REPORT SUBMISSION CHECKLIST

Please review the following checklist to make sure that your site's submission is complete and correct. This checklist is for your own use and is not to be returned.

Have you:

- ☐ Included Form IC, answering questions on both the front and back of the form?
- ☐ Prepared a complete and separate Form GM for each RCRA hazardous waste generated on site and subsequently managed on site and/or shipped off site for management in 1999 that was:
 - Generated on site from a production process, service activity, or routine cleanup?
 - Resulted from equipment decommissioning, spill cleanup, or remedial cleanup activity?
 - Received from off site and subsequently shipped off site without being treated or recycled on site?
 - Derived from the management of non-hazardous waste?
 - Derived from the on-site treatment, disposal, or recycling of hazardous waste (i.e., a residual)?
- ☐ Reported all 1999 receipts of RCRA hazardous waste from off site on Form WR?
- ☐ Used the Comments section to clarify or continue entries such as “Other” responses? Checked that “NA” is entered, where noted in the instructions, for items that do not apply to your site?
- ☐ Numbered every page in your submission consecutively so that both the individual page number and the total number of pages appear at the bottom of the page?
- ☐ Right justified all quantity entries?
- ☐ Signed the certification statement in Section IV of Form IC?
- ☐ Made a copy of the completed 1999 Hazardous Waste Report to retain with your records?

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If this site is **not** required to file the 1999 Hazardous Waste Report, complete and return the postcard provided below. EPA will use the postcards to record sites that are not required to report. Return the card to the address listed for your State or Regional office beginning on page 79 of the instructions and forms booklet.

This site is not required to file the 1999 Hazardous Waste Report because:

- The site was not a RCRA Large Quantity Generator in 1999;
- AND**
- The site did not treat, store, or dispose of RCRA hazardous wastes on site in units subject to RCRA permitting requirements in 1999.

It is expected that this site will not have to file the Hazardous Waste Report (CHECK ONE):

- ☐ For 1999 only
- ☐ Permanently
- ☐ Other (Explain: _____)

EPA ID No.

Site Name _____

Site Location Address _____

City: _____ State: _____ Zip _____

Contact Name: _____

Telephone Number of Contact: (_____) _____

**Place
First Class
Stamp
Here**

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<hr/>	<hr/>	<hr/>
CITY	STATE	ZIP